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Monitoring growth and nutritional status of children in rural Bangladesh

Nine Month Household Questionnaire

1. Identification

Read: To begin with, I would like to collect some basic identification information from you.

	Date of Interview:	Date			Month			Year																
	Mobile no:	Own	<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>																					
	<i>Instructions: Please fill these numbers in from the 3 Month Questionnaire. Confirm that these numbers have not changed, however update if needed.</i>	Request	<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>																					
	Name:																							
<i>Instructions: Please confirm the mother's name and study ID from the 3 Month Questionnaire (Q-1.1).</i>																								
1.1	MOTHER (Interviewee) Name: _____		Mother Study ID																					
			<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>																					
1.2	<i>Instructions: Before interview, please check 3 Month Questionnaire and record name (Q-4.1). During interview, please confirm this is correct.</i> <i>If infant is a twin, triplet, or multiple birth, please also complete a MULTIPLE BIRTH SUPPLEMENT <u>after</u> completing this questionnaire for the infant who was first-born.</i>										INFANT Name: _____													
1.3	<i>Instructions: Before interview, please check 3 Month Questionnaire and record gender (Q-4.2). Please circle gender.</i>										Sex of infant: <div style="text-align: center;">M F</div>													

1.4	<i>Is (INFANT NAME) alive today?</i>	01 = Yes 02 = No >> Skip to VERBAL AUTOPSY SUPPLEMENT (Do NOT complete rest of this questionnaire) 88 = Don't know 99 = Declined to answer	<table border="1"> <tr> <td></td> <td></td> </tr> </table>		

1.5	Are you planning to move or be living at another place, different than the place you are living at now?	01 = Yes 02 = No >> Skip to 1.7 88 = Don't know	<table border="1"> <tr> <td></td> <td></td> </tr> </table>												
1.6	How can we best reach you in 6 months? <i>Instructions: Write down new address, or probe for phone number that will not change in 6 months.</i>	<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>													
1.7	Are you currently working for income?	01 = Yes 02 = No >> Skip to 2.1 99 = Not Applicable	<table border="1"> <tr> <td></td> <td></td> </tr> </table>												
1.8	What type of work are you doing?	<i>Instructions: Code for different types of occupations below.</i>	<table border="1"> <tr> <td></td> <td></td> </tr> </table>												

Code for 1.8 - Types of Occupations

01=Professional/technical (Doctor, engineer, lawyer, teacher, economist, agriculturist), 02=Large business (≥10,000/ Taka invested), 03=Small business (<10,000/ Taka invested), street vendors, 04=Blue collar services:(Factory worker, industry worker, garment worker), 05=White collar services: (Officer, manager, administrator, clerk), 06=Skilled worker (Driver, potter, black smith, gold smith, carpenter, mason, plumber, mechanic), 07=Un-skilled worker (Boatman, fisherman), 08=Day laborer (Rickshaw/cart puller, construction worker, daily wage labor), 09=Farmer/share cropper, 10=Domestic maid/house maid, 11=House wife, 12=Overseas employment, 13=Beggar, 14=Unemployed, 15=Student, 16=Old aged/inactive, 17=Household work, 99=Not applicable, 77=Other (specify) _____

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2. Changes in Demographics and Socio-economic Status¹

Read: Several months ago, we asked about the people usually living in your household. Now I would like to ask you again about whether there have been any changes in the number of people living in your household, including any deaths.

2.1	<p><i>Does (FAMILY MEMBER NAME) still usually live in your household? Also be sure to tell me if you are the person, or if the person has died.</i></p> <p>01 = Yes 02 = No 03 = No, person has died 04 = Yes, that person is the woman herself. 88 = Don't Know</p> <p><i>Instructions: BEFORE THE SURVEY, please fill out all members of the household listed in the 3-month questionnaire (Section 2.1), including the infant(s). During the survey, read out each member listed in the baseline questionnaire and record who is still there or who is no longer part of the household.</i></p> <p><i>When the name read out is the woman herself, please enter '04' as the code.</i></p> <p><i>Read: Please be sure to tell me if the name I read is your name.</i></p>	Line No.	Family Member Name		
		01			
		02			
		03			
		04			
		05			
		06			
		07			
		08			
		09			
		10			
		11			
		12			
		13			
14					

¹ Adapted from Bangladesh Demographic and Health Survey (BDHS) 2007.

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2.2 Household Schedule

Read: We would like to now include any additional people in your household who were not previously recorded. Please give me the names of **ONLY ADDITIONAL** people who now usually live in your household.

Line no.	Usual resident and visitors	Relationship to head of household	Sex	Residence		Age	Marital Status	Ever attended school	Level of school attended	Current school attendance	Current paid work status	Current type of work																			
1	2	3	4	5		6	7	8	9	10	11	12																			
	List the names and record the relationship and sex for each person.	What is the relationship of (NAME) to the head of the household? ----- See codes below. Include Relationship Code	Is (NAME) male or female? ----- 1=male, 2=female	Does (NAME) usually live here? ----- 1=Yes 2=No	Did (NAME) stay here last night? ----- 1=Yes 2=No	How old is (NAME)? ----- (complete year) If age is less than 1 year write '00' 88=Don't Know	What is (NAME) current marital status? ----- 01=currently married 02=divorced /separated/ widowed 03=never-married 88=Don't Know,	Has (NAME) ever attended school? ----- 01=Yes 02=No 88=Don't Know, `	What is the level of school (NAME) has last attended? ----- Insert exact number of years completed 33=Can't signature, 44=Can signature only, 55=Religious education only 66=Never went to school 88=Don't know 99=Not Applicable	Is (NAME) currently attending school? ----- 01=Yes 02=No 88=Don't Know, 99=Not Applicable	Is (NAME) currently working? ----- 01=Yes 02=No 88=Don't Know, 99=Not Applicable no need	What type of work is (NAME) currently doing? ----- Use codes given below 99= Not Applicable (in case of a child)																			
01		<table border="1"><tr><td></td><td></td></tr></table>			<table border="1"><tr><td></td></tr></table>		<table border="1"><tr><td></td></tr></table>		<table border="1"><tr><td></td></tr></table>		<table border="1"><tr><td></td><td></td></tr></table>			<table border="1"><tr><td></td><td></td></tr></table>			<table border="1"><tr><td></td><td></td></tr></table>			<table border="1"><tr><td></td><td></td></tr></table>			<table border="1"><tr><td></td><td></td></tr></table>			<table border="1"><tr><td></td><td></td></tr></table>			<table border="1"><tr><td></td><td></td></tr></table>		
02		<table border="1"><tr><td></td><td></td></tr></table>			<table border="1"><tr><td></td></tr></table>		<table border="1"><tr><td></td></tr></table>		<table border="1"><tr><td></td></tr></table>		<table border="1"><tr><td></td><td></td></tr></table>			<table border="1"><tr><td></td><td></td></tr></table>			<table border="1"><tr><td></td><td></td></tr></table>			<table border="1"><tr><td></td><td></td></tr></table>			<table border="1"><tr><td></td><td></td></tr></table>			<table border="1"><tr><td></td><td></td></tr></table>			<table border="1"><tr><td></td><td></td></tr></table>		

Mother Study ID

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03		<table border="1"><tr><td></td><td></td></tr></table>			<table border="1"><tr><td></td></tr></table>		<table border="1"><tr><td></td></tr></table>		<table border="1"><tr><td></td></tr></table>		<table border="1"><tr><td></td><td></td></tr></table>			<table border="1"><tr><td></td><td></td></tr></table>			<table border="1"><tr><td></td><td></td></tr></table>			<table border="1"><tr><td></td><td></td></tr></table>			<table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>					<table border="1"><tr><td></td><td></td></tr></table>		

Codes for question no. 3: Relationship with the household head

01 = Newborn Infant #1	04 = Household head	07 = Son-in-law/daughter-in-law	10 = Father-in-law/mother-in-law	13 = Foster child/step child
02 = Newborn Infant #2	05 = Spouse	08 = Grand son/grand daughter	11 = Brother-in-law/sister-in-law	14 = Non-relative
03 = Newborn Infant #3	06 = Daughter/son	09 = Father/mother	12 = Other relative	15 = Brother/sister
				88 = Don't know
				99 = Other. Specify

Codes of occupation for question no. 12

01=Professional/technical (Doctor, engineer, lawyer, teacher, economist, agriculturist), 02=Large business (≥10,000/ Taka invested), 03=Small business (<10,000/ Taka invested), street vendors, 04=Blue collar services: (Factory worker, industry worker, garment worker), 05=White collar services: (Officer, manager, administrator, clerk), 06=Skilled worker (Driver, potter, black smith, gold smith, carpenter, mason, plumber, mechanic), 07=Un-skilled worker (Boatman, fisherman), 08=Day labor (Rickshaw/cart puller, construction worker, daily wage labor), 09=Farmer/share cropper, 10=Domestic maid/house maid, 11=House wife, 12=Overseas employment, 13=Beggar, 14=Unemployed, 15= Student, 17=Aged, 18= Household task, 99=Not Applicable, 77=Other (specify) _____

Read: Now I would like to just make sure that we have included everyone in our list of people in your household.

2.3	<p>Have we now included all other people in your household in our listing?</p> <p>Instructions: If "No", complete detailed Household Schedule Information below.</p>	<p>01 = Yes</p> <p>02 = No</p> <p>88= Don't Know</p>	<table border="1"> <tr> <td></td> <td></td> </tr> </table>		

2.4	<p>(MOTHER NAME), what is your current marital status?</p> <p>Instructions: If married, please ask which wife she is.</p>	<p>01 = Married, 1st wife</p> <p>02 = Married, 2nd wife</p> <p>03 = Married, 3rd wife</p> <p>04 = Married, 4th wife</p> <p>05 = Single, never married</p> <p>06 = Single, separated</p> <p>07 = Single, widowed</p> <p>08 = Single, divorced</p> <p>09 = Deserted</p>	<p>10 = Other. Please Specify</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>88 = Declined to answer</p> <p>99 =Not Applicable</p>	<table border="1"> <tr> <td></td> <td></td> </tr> </table>		

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3. Food Security / Maternal Diet and Nutrition²

Read: Now I would like to ask you some questions about your family's habits relating to food.

Q-01.	During the last 30 d, at what interval has your household purchased rice?	1. Did not buy 2. 1–3 times the last 30 d 3. Once in 7 d 4. 2–3 times in 7 d 5. At least 4–5 times in 7 d	<input type="checkbox"/>
Q-02.	During the last 30 d, at what interval has your household purchased "kanchabajar"? (Note: "kanchabajar" refers to shopping of perishable food items such as vegetables, fish and meat.)	1. Did not buy 2. 1–3 times the last 30 d 3. Once in 7 d 4. 2–3 times in 7 d 5. At least 4–5 times in 7 d	<input type="checkbox"/>
Q-03.	During the last 30 d, how many times a day did cooking usually take place in your household?	1. Never 2. Once a day 3. Twice a day 4. Three times a day 5. Four times or more	<input type="checkbox"/>
Q-04.	During the last 30 d, has your household helped others with cash or food items (like rice) for enabling them to make a meal? (If the girl/woman is poor, tell her that we need to ask this question of everybody, so she does not mind.)	1 = Yes 2 = No	<input type="checkbox"/>
Q-05.	During the last 30 d, how often has your household had to borrow from others to make a meal? (If the woman is rich, tell her that we need to ask this question of everybody, so she does not mind.)	1. Never >> Skip to Q-07 2. 1–3 times in the last 30 d 3. Once in 7 d 4. 2–3 times in 7 d 5. At least 4–5 times in 7 d	<input type="checkbox"/>
Q-06.	Have you paid back or do you think you can pay back?	1 = Yes 2 = No	<input type="checkbox"/>
Q-07.	Has your household lent money to others?	1. Yes 2. No >> Skip to Q-09	<input type="checkbox"/>
Q-08.	Have you been paid back or do you think you will be paid back?	1 = Yes 2 = No	<input type="checkbox"/>
Q-09.	During the last 30 d, how many times on average have you had a fulfilling meal in a day?	1. One time 2. Two times 3. Three times 4. Four times	<input type="checkbox"/>
Q-10.	During the last 30 d, how often has it happened that you could NOT eat as many fulfilling meals as you would like to have done?	1. Never 2. Less than once in 7 d 3. Once in 7 d 4. 2–3 times in 7 d 5. At least 4–5 times in 7 d	<input type="checkbox"/>
Q-11.	For the last 30 d, did you usually have snacks in between meals?	1. No 2. Once or twice 3. Three times or more	<input type="checkbox"/>
Q-12.	For the last 30 d, how often did you have fish?	1. Not once 2. Less than once in 7 d 3. Once in 7 d 4. 2–3 times in 7 d 5. At least 4–5 times in 7 d	<input type="checkbox"/>
Q-13.	During the last 30 d, how often have you had to eat rice with just chili and salt?	1. Did not have to 2. Less than once in 7 d 3. Once in 7 d 4. 2–3 times in 7 d 5. At least 4–5 times in 7 d	<input type="checkbox"/>

² ICDDR,B (also in 3-Month Questionnaire)

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Dietary Diversity

Individual Dietary Diversity Questionnaire (IDDS)³

Instructions:

<u>Q-3.1:</u>	<i>Please record '01' if the mother has consumed the food mentioned in the list in past 24 hours, otherwise record '02.' Circle the food name that has been consumed. COMPLETE ALL OF Q-3.2 BEFORE BEGINNING Q-3.3.</i>
<u>Q-3.2:</u>	<i>Only for each type of the food that was eaten, ask about how often the food was eaten.</i>

Read: Now I would like to ask you some questions regarding your diet and nutrition. I would like to record any liquids or foods that you had in the past 24 hours.

	<i>Food list</i>	<i>Examples</i>	<i>Q-3.1</i>	<i>Q-3.2</i>
			<i>In the last 24 hours, did you eat (FOOD)?</i> <i>01=Yes 02=No</i>	<i>How many times in the last 24 hours did you eat (FOOD)?</i> <i># of times/day 8 = Don't Know 9 = Not Applicable (Not eaten)</i>
A.	CEREALS - RICE	Rice, smashed rice/rice gruel, bread, noodles, biscuits, or any other foods made from wheat or rice	<input type="text"/>	<input type="text"/>
B.	CEREALS - OTHER	Maize, maize porridge, sorghum, millet, pasta, bread and other cereals	<input type="text"/>	<input type="text"/>
C.	VITAMIN A RICH VEGETABLES AND TUBERS	pumpkin, carrots or sweet potatoes that are orange inside + other locally available vitamin-A rich vegetables	<input type="text"/>	<input type="text"/>
D.	WHITE TUBERS AND ROOTS	White potatoes or foods made from roots.	<input type="text"/>	<input type="text"/>
E.	DARK GREEN LEAFY VEGETABLES	dark green/leafy vegetables locally available vitamin-A rich leaves (e.g. amaranth leaves)	<input type="text"/>	<input type="text"/>
F.	OTHER VEGETABLES	other vegetables e.g. tomato, eggplant	<input type="text"/>	<input type="text"/>
G.	VITAMIN A RICH FRUITS	ripe mangoes, papaya, jackfruit or other locally available vitamin A-rich fruits	<input type="text"/>	<input type="text"/>
H.	VITAMIN C RICH FRUITS	Orange, papaya or other locally available vitamin C-rich fruits	<input type="text"/>	<input type="text"/>

³ Adapted from existing ICDDR,B IDDS (also in 3-Month Questionnaire)

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I.	OTHER FRUITS	Other fruits (e.g. guava, pineapple, watermelon, melon, orange, apple, grape, banana)	<div><div></div><div></div></div>	<div><div></div></div>
J.	ORGAN MEAT (IRON RICH)	liver, kidney, heart or other organ meats	<div><div></div><div></div></div>	<div><div></div></div>
K.	FLESH MEATS	beef, lamb, goat, chicken, duck, or other birds	<div><div></div><div></div></div>	<div><div></div></div>
L.	EGGS	Egg	<div><div></div><div></div></div>	<div><div></div></div>
M.	FISH	Fresh or dried fish or shellfish	<div><div></div><div></div></div>	<div><div></div></div>
N.	LEGUMES, NUTS AND SEEDS	beans, peas, lentils, nuts (e.g. groundnuts, cashews) , seeds or foods made from these	<div><div></div><div></div></div>	<div><div></div></div>
O.	MILK AND MILK PRODUCTS	milk (cow’s, goat’s), cheese, yogurt or other milk products	<div><div></div><div></div></div>	<div><div></div></div>
P.	OILS AND FATS	oil, fats or butter added to food or used for cooking	<div><div></div><div></div></div>	<div><div></div></div>
Q.	JUNK FOOD	cookies, cakes, biscuits, chips, sweets, samocha	<div><div></div><div></div></div>	<div><div></div></div>
R.	CONDIMENTS		<div><div></div><div></div></div>	<div><div></div></div>
S.	NUTRITIONAL SUPPLEMENTS	<i>Pushtika</i> (Sprinkles/MNP)	<div><div></div><div></div></div>	<div><div></div></div>

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3.3	<i>Are you currently taking any iron tablets or iron syrup?</i>	01 = Yes 02 = No 88 = Don't know	<table border="1"><tr><td></td><td></td></tr></table>				
3.4	<i>In the past 6 months, did you take any iron tablets or iron syrup?</i>	01 = Yes 02 = No >> Skip to 4.1 88 = Don't know	<table border="1"><tr><td></td><td></td></tr></table>				
3.5	<i>In the past 6 months, how many months or days did you take iron tablets?</i>	<div># of months OR</div> <div># of days</div> <div>09 = Other. Please specify:</div> <div>_____</div> <div>88 = Don't know</div>	<div>Months</div> <table border="1"><tr><td></td><td></td></tr></table> <div>Days</div> <table border="1"><tr><td></td><td></td></tr></table>				

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4. Family Planning

Read: Now I would like to ask you some questions regarding family planning.

4.1	Has your menstrual period returned since the birth of (INFANT NAME)?	01 = Yes 02 = No >> Skip to 4.3 88 = Don't Know	<table border="1"><tr><td></td><td></td></tr></table>								
4.2	How long ago did your last menstrual period start? <i>Instructions:</i> If mother cannot remember, use local calendar to approximate.	Days Ago Weeks Ago Months Ago Years Ago 88 = Don't Know 99 = Before last birth	<table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>								
4.3	Are you pregnant now?	01 = Yes 02 = No 88 = Don't know/Unsure	<table border="1"><tr><td></td><td></td></tr></table>								
4.4	If it is up to you, are you planning to become pregnant or have another baby?	01 = Yes 02 = No >> Skip to 4.7 88 = Don't know	<table border="1"><tr><td></td><td></td></tr></table>								
4.5	If it could be up to you, when would you like to become pregnant again?	00 = As soon as possible 01 = 1 – 6 months 02 = 7 – 12 months 03 = 13—18 months 04 = 19 – 24 months 05 = >2 to 3 years 06 = >3 to 4 years 07 = >4 to 5 years 08 = > 5 years 09 = 9 Months <i>Instructions:</i> If other, please record # of months. 88 = Don't know	<table border="1"><tr><td></td><td></td></tr></table>								
4.6	How likely do you think you will actually become pregnant when you would like to, approximately about ____ months from today? Very likely, likely, not sure, unlikely, or very unlikely?	01 = Very likely 02 = Likely 03 = Not sure 04 = Unlikely 05 = Very unlikely 88 = Don't know	<table border="1"><tr><td></td><td></td></tr></table>								
4.7	Do you currently use any type of contraceptive method?	01 = Yes 02 = No	<table border="1"><tr><td></td><td></td></tr></table>								

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4.7	Do you currently use any type of contraceptive method?	01 = Yes 02 = No	<table border="1"><tr><td></td><td></td></tr></table>																						
4.8	What methods of contraception are you currently using? 01 = Yes 99 = Not Applicable (If not response) Instructions: Please record ALL responses.	<u>Any traditional methods</u> Azal/Safe period Kabiraji/Herbal treatments “LAM” (Lactation Amenorrhea Method) <u>Any temporary modern methods</u> Pill Condom Injection IUD Norplant Female sterilization Male sterilization Not currently using any method Don't Know Other. Specify: _____	<table border="1"><tr><td></td><td></td></tr></table> <table border="1"><tr><td></td><td></td></tr></table> <table border="1"><tr><td></td><td></td></tr></table> <table border="1"><tr><td></td><td></td></tr></table> <table border="1"><tr><td></td><td></td></tr></table> <table border="1"><tr><td></td><td></td></tr></table> <table border="1"><tr><td></td><td></td></tr></table> <table border="1"><tr><td></td><td></td></tr></table> <table border="1"><tr><td></td><td></td></tr></table> <table border="1"><tr><td></td><td></td></tr></table> <table border="1"><tr><td></td><td></td></tr></table>																						
4.9	Do you think you will use a contraceptive method to delay or avoid pregnancy at any time in the future?	01 = Yes 02 = No 88 = Don't Know	<table border="1"><tr><td></td><td></td></tr></table>																						
4.10	Have you ever talked to your husband about family planning in the last three months?	01 = Yes 02 = No >> Skip to 5.1 88 = Don't Know	<table border="1"><tr><td></td><td></td></tr></table>																						
4.11	Does your husband want the same number of children that you want, does he want more than you want, or does he want less than you want?	01 = Same # 02 = More children 03 = Less children	<table border="1"><tr><td></td><td></td></tr></table>																						

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5. Infant Motor Development Milestones⁴

Read: Now I would like to ask you about (INFANT NAME).

5.1	How old is INFANT NAME?		<div>Days</div> <div>Months</div>	<table border="1"> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table>				
		88 = Don't Know						

Read: Now I would like to specifically begin with a few questions about how (INFANT NAME) is developing, and his/her ability to move.

5.2	Can (INFANT NAME) sit without any help, assistance, or support?	01 = Yes 02 = No 88 = Don't Know	<table border="1"> <tr> <td></td> <td></td> </tr> </table>		
5.3	Can (INFANT NAME) stand with assistance or support?	01 = Yes 02 = No 77 = Yes, stands without assistance or support 88 = Don't Know	<table border="1"> <tr> <td></td> <td></td> </tr> </table>		
5.4	Can (INFANT NAME) crawl on his/her hands and knees?	01 = Yes 02 = No 88 = Don't Know	<table border="1"> <tr> <td></td> <td></td> </tr> </table>		
5.5	Can (INFANT NAME) walk with assistance or support?	01 = Yes 02 = No 77 = Yes, walks without assistance or support 88 = Don't Know	<table border="1"> <tr> <td></td> <td></td> </tr> </table>		
5.6	Can (INFANT NAME) stand alone, with no assistance or support?	01 = Yes 02 = No 88 = Don't Know	<table border="1"> <tr> <td></td> <td></td> </tr> </table>		
5.7	Can (INFANT NAME) walk alone, with no assistance or support?	01 = Yes 02 = No 88 = Don't Know	<table border="1"> <tr> <td></td> <td></td> </tr> </table>		

⁴ WHO Multicentre Growth Reference Study Group. WHO Motor Development Study: Windows of achievement for six gross motor development milestones. Acta Paediatrica Supplement 2006;450:86-95.

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6. Infant Health⁵

INSTRUCTIONS: Prior to interview, check (INFANT NAME)'s hemoglobin (Hb) level recorded in Q-10.10 of the 3 Month Questionnaire. If Hb was normal (greater than or equal to 11.0 g/dL), please skip to Q-6.9. Any infant with low Hb (less than 11.0 g/dL) should have been referred to a local health clinic. Please proceed to ask Q-6.1 to Q-6.7.

6.0	For INTERVIEWER: Did (INFANT NAME) have a Hb level lower than 11.0 g/dL?	01 = Yes 02 = No >> Skip to 6.9 88 = Don't Know	<table border="1"><tr><td></td><td></td></tr></table>		

READ: (MOTHER NAME), when we came about 6 months ago, (INFANT NAME)'s hemoglobin was 11.0 g/dL. This is very low, which suggests that he/she has low levels of iron in his/her blood and potentially iron deficiency anemia. I would like to now ask you a few questions about this.

6.1	Did you seek advice or treatment about the low hemoglobin levels in his/her blood?	01 = Yes 02 = No >> Skip to 6.5 88 = Don't Know	<table border="1"><tr><td></td><td></td></tr></table>						
6.2	What was the advice or treatment received? Instructions: Please record all responses.	01 = Eat more iron-rich foods as complementary feeding begins 02 = Iron tablets 03 = Iron syrup 04 = Iron-fortified foods 05 = Consuming more diverse diet 06 = Including vitamin C in diet 07 = <i>Pushtika</i> (Sprinkles/MNP) 08 = Breastfeeding more 09 = Breastfeed less 10 = Deworming medication 11 = Other. Please specify: _____ 88 = Don't Know	<table border="1"><tr><td></td><td></td></tr> <table border="1"><tr><td></td><td></td></tr> <table border="1"><tr><td></td><td></td></tr></table></table></table>						
6.3	Who did you seek advice or treatment from? Instructions: Please record all responses.	01 = Health Personnel / Qualified Doctor 02 = Nurse/Midwife/Paramedic 03 = Community Counselor 04 = Community Health and Nutrition Worker 05 = Community Health and Nutrition Mobilizer 06 = Family Welfare Visitor 07 = Community Skilled Birth Attendant 08 = MA/SACMO 09 = Health Assistant 10 = Family Welfare Assistant 11 = Trained TBAs 12 = Untrained TBA 13 = Unqualified Doctor 14 = Pharmacist/Drug seller 77 = Other. Specify: _____ 88 = Don't Know 99 = Not Applicable	<table border="1"><tr><td></td><td></td></tr> <table border="1"><tr><td></td><td></td></tr> <table border="1"><tr><td></td><td></td></tr></table></table></table>						

⁵ Adapted from Bangladesh Demographic and Health Survey (BDHS) 2007. Additional questions about infant feeding during diarrhea, fever, cough, and other illnesses; as well as MNP added.

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		Legumes, Nuts, and Seeds (beans, peas, lentils, nuts, seeds, or foods made from these) Milk (cow's, goat's), cheese, yogurt, or other milk products Oil, fats, or butter added to food or used for cooking Cookies, cake, biscuits, chips, sweets, samocha Nutritional supplements (<i>Pushtika</i> (Sprinkles/MNP)) Other(s). Specify _____	<table border="1"><tr><td></td><td></td></tr></table> <table border="1"><tr><td></td><td></td></tr></table> <table border="1"><tr><td></td><td></td></tr></table> <table border="1"><tr><td></td><td></td></tr></table>								
6.7	Since you have known that (INFANT NAME) has very low hemoglobin levels, have there been any changes in the amount of breast milk that (INFANT NAME) drinks?	01 = Yes 02 = No >> Skip to 6.9 88 = Don't Know	<table border="1"><tr><td></td><td></td></tr></table>								
6.8	What were the changes in the amount of breast milk that (INFANT NAME) drinks? More, less, or about the same?	01 = Much Less 02 = Somewhat Less 03 = About the Same 04 = More 88 = Don't Know 99=Not applicable	<table border="1"><tr><td></td><td></td></tr></table>								

READ: Now I would like to ask about (INFANT NAME)'s health in general.

6.9	Since birth, has (INFANT NAME) ever received a vitamin A dose (like this/any of these)? Show common types of capsules.	01 = Yes 02 = No 88 = Don't Know	<table border="1"><tr><td></td><td></td></tr></table>		
6.10	Has (INFANT NAME) received deworming medication in the past year?	01 = Yes 02 = No 88 = Don't Know	<table border="1"><tr><td></td><td></td></tr></table>		

READ: Now I would like to ask about (INFANT NAME)'s health just in the past two weeks.

6.11	Has (INFANT NAME) had diarrhea in the last 2 weeks?	01 = Yes 02 = No >> Skip to 6.22 88 = Don't Know	<table border="1"><tr><td></td><td></td></tr></table>		
6.12	While (INFANT NAME) had diarrhea, was he/she given breast milk?	01 = Yes 02 = No >> Skip to 6.14 88 = Don't Know	<table border="1"><tr><td></td><td></td></tr></table>		

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6.13	<p>While (INFANT NAME) had diarrhea, how much <u>breast milk</u> was he/she given to drink?</p> <p>Was he/she given less than usual breast milk to drink, about the same amount, or more than usual to drink?</p> <p>IF LESS, PROBE: Was he/she given much less than usual to drink or somewhat less?</p>	<p>01 = Much Less 02 = Somewhat Less 03 = About the Same 04 = More 88 = Don't Know 99=Not applicable</p>	<table border="1"> <tr> <td></td> <td></td> </tr> </table>				
6.14	<p>While (INFANT NAME) had diarrhea, was he/she given liquids (aside from breast milk) to drink?</p>	<p>01 = Yes 02 = No >> Skip to 6.16 88 = Don't Know</p>	<table border="1"> <tr> <td></td> <td></td> </tr> </table>				
6.15	<p>While (INFANT NAME) had diarrhea, how much <u>other liquids</u> (aside from breast milk) was he/she given to drink?</p> <p>Was he/she given less than usual other liquids to drink, about the same amount, or more than usual to drink?</p> <p>IF LESS, PROBE: Was he/she given much less than usual to drink or somewhat less?</p>	<p>01 = Much Less 02 = Somewhat Less 03 = About the Same 04 = More 88 = Don't Know 99=Not applicable</p>	<table border="1"> <tr> <td></td> <td></td> </tr> </table>				
6.16	<p>When (INFANT NAME) had diarrhea, was he/she given less than usual to eat, about the same amount, more than usual to eat, or nothing to eat?</p> <p>Instructions: ONLY ask if the infant is not exclusively breastfed. If the infant is still exclusively breastfed, mark '99'/'Not Applicable'</p> <p>IF LESS, PROBE: Was he/she given much less than usual to eat or somewhat less?</p>	<p>01 = Much Less 02 = Somewhat Less 03 = About the Same 04 = More 05 = Nothing to Eat 88 = Don't Know 99 = Not Applicable</p>	<table border="1"> <tr> <td></td> <td></td> </tr> </table>				
6.17	<p>When (INFANT NAME) had diarrhea, was he/she given <i>Pushtika</i> (Sprinkles/MNP) with food?</p>	<p>01 = Yes 02 = No >> Skip to 6.19 88 = Don't Know 99 = Not Applicable</p>	<table border="1"> <tr> <td></td> <td></td> </tr> </table>				
6.18	<p>How many sachets of <i>Pushtika</i> (Sprinkles/MNP) was (INFANT NAME) given while he/she had diarrhea?</p>	<p># of sachets</p> <p>88 = Don't Know 99 = Not Applicable</p>	<table border="1"> <tr> <td></td> <td></td> </tr> </table>				
6.19	<p>Did you seek advice or treatment when (INFANT NAME) has diarrhea?</p>	<p>01 = Yes 02 = No >> Skip to 6.22</p>	<table border="1"> <tr> <td></td> <td></td> </tr> </table>				
6.20	<p>What was the advice or treatment received?</p> <p>Instructions: Please record all responses.</p>	<p>01 = ORS 02 = zinc 03 = ORS + zinc 04 = Drinking more liquids (aside from breast milk) 05 = Drinking less liquids (aside from breast</p>	<table border="1"> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table>				

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		milk) 06 = Drinking more breast milk than usual 07 = Drinking less breast milk than usual 08 = Antibiotics 88 = Don't Know 99=Not applicable	<div></div> <div></div> <div></div>
6.21	Where did you seek advice or treatment from? <i>Instructions:</i> Please record all responses.	01 = Health Personnel / Qualified Doctor 02 = Nurse/Midwife/Paramedic 03 = Community Counselor 04 = Community Health and Nutrition Worker 05 = Community Health and Nutrition Mobilizer 06 = Family Welfare Visitor 07 = Community Skilled Birth Attendant 08 = MA/SACMO 09 = Health Assistant 10 = Family Welfare Assistant 11 = Trained TBA 12 = Untrained TBA 13 = Unqualified Doctor 14 = Pharmacist/Drug Seller 77 = Other(Specify) _____ 88 = Don't know 99=Not applicable	<div></div> <div></div>
6.22	Has (INFANT NAME) been ill with a fever at any time in the last 2 weeks?	01 = Yes 02 = No 88 = Don't Know	<div></div>
6.23	Has (INFANT NAME) had an illness with a cough at any time in the last 2 weeks?	01 = Yes 02 = No >> Skip to 7.1 88 = Don't Know	<div></div>
6.24	When (INFANT NAME) had an illness with a cough, did he/she breathe faster than usual with short, rapid breaths or have difficulty breathing?	01 = Yes 02 = No >> Skip to 7.1 88 = Don't Know 99=Not applicable	<div></div>
6.25	Was the fast or difficult breathing due to a problem in the chest or to a blocked or runny nose?	01 = Chest only 02 = Nose only 03 = Both 77 = Other _____ Specify 88 = Don't Know 99=Not applicable	<div></div>

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7. Infant Nutrition: Diet

Read: Now I would like to ask you about any foods or liquids that (INFANT NAME) ate in the last 24 hours. First, I would like to begin with liquids.

7.1	In the past 24 hours, did (INFANT NAME) drink:				
	A. Breast milk?	01 = Yes 02 = No 88 = Don't Know	<table border="1"><tr><td></td><td></td></tr></table>		
	B. Plain water?	01 = Yes 02 = No 88 = Don't Know	<table border="1"><tr><td></td><td></td></tr></table>		
	C. Sugar Water/Honey/Juice	01 = Yes 02 = No 88 = Don't Know	<table border="1"><tr><td></td><td></td></tr></table>		
	D. Commercially produced infant formula/baby formula?	01 = Yes 02 = No 88 = Don't Know	<table border="1"><tr><td></td><td></td></tr></table>		
	E. Cow's milk?	01 = Yes 02 = No 88 = Don't Know	<table border="1"><tr><td></td><td></td></tr></table>		
	F. Goat's milk?	01 = Yes 02 = No 88 = Don't Know	<table border="1"><tr><td></td><td></td></tr></table>		
	G. Yoghurt?	01 = Yes 02 = No 88 = Don't Know	<table border="1"><tr><td></td><td></td></tr></table>		
	H. Luta ("suji", dilute semolina)	01 = Yes 02 = No 88 = Don't Know	<table border="1"><tr><td></td><td></td></tr></table>		
	I. Other liquid (aside from breast milk or the liquids just previously named)?	01 = Yes 02 = No 03 = ORS 88 = Don't Know If Yes, please specify: _____	<table border="1"><tr><td></td><td></td></tr></table>		

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Instructions:

Please COMPLETE ALL OF COLUMN FOR Q-7.2 BEFORE BEGINNING COLUMN FOR Q-7.3, and all of COLUMN Q-7.3 before COLUMN Q-7.4.

<u>Column for Q-7.2:</u>	Please code '01' if the infant has consumed the food mentioned in the list in past 24 hours, otherwise code '02.' Circle the food name that has been consumed.
<u>Column for Q-7.3:</u>	Only for each type of the food that was eaten, ask about how often (how many times per day) the food was eaten.
<u>Column for Q-7.4:</u>	Only for each type of food that was eaten, ask about the consistency of the food.

Read: Now I would like to ask you about any foods (INFANT NAME) had in the last 24 hours.

	Food list	Examples	Q-7.2	Q-7.3	Q-7.4
			In the last 24 hours, did (INFANT NAME) eat (FOOD)?	How many times in the last 24 hours was (FOOD) eaten?	What was the consistency of _____? Was it: solid (the same as what you or other family members ate); semi-solid (with some water added); or soft (runny, diluted with water)?
			01=Yes 02=No	# of times/day 88 = Don't Know	01 = Solid food (same as other family eats) 02 = Semi-solid (some water added) 03 = Soft (dilute, water added) 04 = Water-based (e.g. soup/broth consumed, cooked with food in it)
A.	CEREALS	Rice, smashed rice/rice gruel (suji), bread, noodles, biscuits, or any other foods made from wheat or rice, luta	<input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> Instructions: Code LUTA = 03 SUJI = 02
B.	VITAMIN A RICH VEGETABLES AND TUBERS	pumpkin, carrots or sweet potatoes that are orange inside + other locally available vitamin-A rich vegetables	<input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/>
C.	WHITE TUBERS AND ROOTS	White potatoes or foods made from roots.	<input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/>
D.	DARK GREEN LEAFY VEGETABLES	dark green/leafy vegetables locally available vitamin-A rich leaves (e.g. amaranth leaves)	<input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/>
E.	OTHER VEGETABLES	other vegetables e.g. tomato, eggplant	<input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/>
F.	VITAMIN A RICH FRUITS	ripe mangoes, papaya, jackfruit or other locally available vitamin A-rich fruits	<input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/>
G.	VITAMIN C RICH FRUITS	Oranges, papaya	<input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/>

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H.	OTHER FRUITS	Other fruits (e.g. guava, pineapple, watermelon, melon, apple, grape, banana)	<div><div></div><div></div></div>	<div><div></div></div>	<div><div></div><div></div></div>
I.	ORGAN MEAT (IRON RICH)	liver, kidney, heart or other organ meats	<div><div></div><div></div></div>	<div><div></div></div>	<div><div></div><div></div></div>
J.	FLESH MEATS	beef, lamb, goat, chicken, duck, or other birds	<div><div></div><div></div></div>	<div><div></div></div>	<div><div></div><div></div></div>
K.	EGGS	Egg	<div><div></div><div></div></div>	<div><div></div></div>	<div><div></div><div></div></div>
L.	FISH	Fresh or dried fish or shellfish	<div><div></div><div></div></div>	<div><div></div></div>	<div><div></div><div></div></div>
M.	LEGUMES, NUTS AND SEEDS	beans, peas, lentils, nuts, seeds or foods made from these	<div><div></div><div></div></div>	<div><div></div></div>	<div><div></div><div></div></div>
N.	MILK AND MILK PRODUCTS	milk (cow’s, goat’s), cheese, yogurt or other milk products	<div><div></div><div></div></div>	<div><div></div></div>	<div><div></div><div></div></div>
O.	OILS AND FATS	oil, fats or butter added to food or used for cooking	<div><div></div><div></div></div>	<div><div></div></div>	<div><div></div><div></div></div>
P.	JUNK FOOD	cookies, cakes, biscuits, chips, sweets, samocha	<div><div></div><div></div></div>	<div><div></div></div>	<div><div></div><div></div></div>
Q.	NUTRITIONAL SUPPLEMENTS	<i>Pushtika</i> (Sprinkles/MNP)	<div><div></div><div></div></div>	<div><div></div></div>	<div><div></div><div></div></div>

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Read: I would now like to ask you a few questions about what (INFANT NAME) eats and drinks.

7.5	At what age was (INFANT NAME) first given any liquids to drink, other than breast milk?	01 = Never given breast milk 02 = Immediately (within minutes) 03 = Within 1 hour 04 = 2 hours 05 = 3-12 hours 06 = 13-24 hours 07 = 2-3 days 08 = 1 week 09 = 2 weeks 10 = 1 month 11 = 2 months 12 = 3 months 13 = 4 months 14 = 5 months 15 = 6 months 16 = 7 months 17 = 8 months 18 = 9 months 19 = 10 months 20 = Other. Specify: _____ 88 = Don't Know	<input type="text"/> <input type="text"/>
7.6	At what age was (INFANT NAME) first given water to drink?	01 = Never given water 02 = Immediately (within minutes) 03 = Within 1 hour 04 = 2 hours 05 = 3-12 hours 06 = 13-24 hours 07 = 2-3 days 08 = 1 week 09 = 2 weeks 10 = 1 month 11 = 2 months 12 = 3 months 13 = 4 months 14 = 5 months 15 = 6 months 16 = 7 months 17 = 8 months 18 = 9 months 19 = 10 months 20 = Other. Specify: _____ 88 = Don't Know	<input type="text"/> <input type="text"/>
7.7	At what age was (INFANT NAME) first given solid (or semi-solid/soft) foods to eat?	01 = Never given foods 02 = Immediately (within minutes) 03 = Within 1 hour 04 = 2 hours 05 = 3-12 hours 06 = 13-24 hours 07 = 2-3 days 08 = 1 week 09 = 2 weeks 10 = 1 month 11 = 2 months 12 = 3 months 13 = 4 months 14 = 5 months 15 = 6 months 16 = 7 months 17 = 8 months 18 = 9 months 19 = 10 months 20 = Other. Specify: _____ 88 = Don't Know	<input type="text"/> <input type="text"/>

READ: Now I would like to ask you about any Pushtika (Sprinkles/MNP) nutritional supplements that (INFANT NAME) eats or has eaten.

7.8	Have you used Sprinkles/MNP to feed (INFANT NAME)?	01 = Yes 02 = No >> Skip to 8.1 88 = Don't Know	<input type="text"/> <input type="text"/>
7.9	How many TIMES PER WEEK has Pushtika (Sprinkles/MNP) been added to (INFANT NAME)'s foods?	01 = Once / week 02 = 2-3 times/week 03 = 4-5 times/week 04 = 6-7 times/week 05 = >7 times per week 77 = Other. Specify _____ 88 = Don't Know 99 = Not Applicable	<input type="text"/> <input type="text"/>
7.10	Is (INFANT NAME) ever given Pushtika (Sprinkles/MNP) more than once per day?	01 = Yes 02 = No >> Skip to 7.12 88 = Don't Know	<input type="text"/> <input type="text"/>
7.11	How many TIMES PER DAY has Pushtika (Sprinkles/MNP) been added to (INFANT NAME)'s foods?	01 = >=3 times/day 02 = 2 times/day 03 = 1 time/days 77 = Other. Specify _____ 88 = Don't Know 99 = Not Applicable	<input type="text"/> <input type="text"/>
7.12	How many sachets of Pushtika did you usually use in one day?	01 = < 1/day 02 = 1/day 03 = between 1 and 2/day 04 = 2/day 05 = > 2/day 77 = Other. Specify _____ 88 = Don't Know 99 = Not Applicable	<input type="text"/> <input type="text"/>

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READ: Now I would like to ask some questions about how you fed Pushtika.

	Question	Box 1	Box 2
7.13	Which of the following did you use to feed (INFANT NAME) when giving <i>Pushtika</i> ? <i>Instructions:</i> Read responses. Check all that apply.	7.13 A 01 = Plate 02 = Bati 03 = Feeder bottle 77 = Other _____ 88 = Do not remember	7.13 B 01 = Plate 02 = Bati 03 = Feeder bottle 77 = Other _____ 88 = Do not remember
7.14	When giving <i>Pushtika</i> to (INFANT NAME), which of the following kinds of main food did you usually use to mix it? <i>Instructions:</i> Read responses. If answer is 'c' (rice) proceed to question 7.15, otherwise skip to question 7.23.	7.14 A 01 = Sugi 02 = Luta 03 = Mashed rice 04 = Rice 77 = Other _____ 88 = Do not remember	7.14 B 01 = Sugi 02 = Luta 03 = Mashed rice 04 = Rice 77 = Other _____ 88 = Do not remember
7.15	How much [response to question 7.14] did you usually offer for (INFANT NAME) when you gave <i>Pushtika</i> from the [first/second] box you received?	7.15 A 01 = Less than ½ bowl (bati) 02 = ½ to 1 bowl (bati) 03 = ≥ 1 bowl (bati) 77 = Other _____ 88 = Do not remember	7.15 B 01 = Less than ½ bowl (bati) 02 = ½ to 1 bowl (bati) 03 = ≥ 1 bowl (bati) 77 = Other _____ 88 = Do not remember
7.16	How much [response to question 7.14] did you usually feed to (INFANT NAME) when you gave <i>Pushtika</i> from the [first/second] box you received?	7.16 A 01 = Less than ½ bowl (bati) 02 = ½ to 1 bowl (bati) 03 = ≥ 1 bowl (bati) 77 = Other _____ 88 = Do not remember	7.16 B 01 = Less than ½ bowl (bati) 02 = ½ to 1 bowl (bati) 03 = ≥ 1 bowl (bati) 77 = Other _____ 88 = Do not remember
7.17	Did you ever mix any of the family food in the meal with <i>Pushtika</i> from the [first/second] box? <i>Instructions:</i> If 'yes' proceed to question 7.18, otherwise skip to question 7.23 or 7.26.	7.17 A 01 = Yes 02 = No 77 = Other _____ 88 = Do not remember	7.17 B 01 = Yes 02 = No 77 = Other _____ 88 = Do not remember
7.18	When feeding <i>Pushtika</i> from the [first/second] box, how many different foods did you usually mix together with [response from question 7.14]?	7.18 A 00 = 0 01 = 1 02 = 2 03 = 3 04 = 4 05 = 5+ 77 = Other _____ 88 = Do not remember	7.18 B 00 = 0 01 = 1 02 = 2 03 = 3 04 = 4 05 = 5+ 77 = Other _____ 88 = Do not remember
7.19	When feeding <i>Pushtika</i> from the [first/second] box, which of the following kinds of foods did you usually mix with [response from question 7.14]?	7.19 A 01 = Vegetables 02 = Fish 03 = Meat (beef, chicken, mutton) 77 = Other _____ 88 = Do not remember	7.19 B 01 = Vegetables 02 = Fish 03 = Meat (beef, chicken, mutton) 77 = Other _____ 88 = Do not remember
7.20	When giving <i>Pushtika</i> from the [first/second] box, how much of the foods did usually you mix in?	7.20 A 01 = A pinch 02 = A "finger-grab" 03 = A small spoonful 04 = A large spoonful 77 = Other _____ 88 = Do not remember	7.20 B 01 = A pinch 02 = A "finger-grab" 03 = A small spoonful 04 = A large spoonful 77 = Other _____ 88 = Do not remember
7.21	When feeding <i>Pushtika</i> from the [first/second] box, did you ever add oil or fry any of the foods that you mixed with [response from question 7.14]? <i>Instructions:</i> If 'Yes' for either, then proceed to question 7.22 for either box, otherwise skip to question 7.23.	7.21 A 01 = Yes 02 = No 77 = Other _____ 88 = Do not remember	7.21 B 01 = Yes 02 = No 77 = Other _____ 88 = Do not remember

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	Question	Box 1	Box 2
7.22	How often did you add oil or fry foods that you mixed in?	7.22 A 01 = Every day 02 = 4-6 days/week 03 = 2-3 days/week 04 = 1 day/week 05 = Less often than 1 day/week 77 = Other _____ 88 = Do not remember	7.22 B 01 = Every day 02 = 4-6 days/week 03 = 2-3 days/week 04 = 1 day/week 05 = Less often than 1 day/week 77 = Other _____ 88 = Do not remember
7.23	Did you receive a second box of <i>Pushtika</i> ? <i>Instructions:</i> If 'Yes' proceed to question 7.24. If 'No' skip to question 7.25.	7.23 01 = Yes 02 = No 77 = Other _____ 88 = Do not remember	
7.24	How many sachets were remaining from the first box of <i>Pushtika</i> when you received the second box?	____ (Record number.) 88 = Do not remember	
7.25	How many sachets were left over from the box of <i>Pushtika</i> you received? [END OF QUESTIONS IF ONLY RECEIVED ONE BOX].	____ (Record number.) 88 = Do not remember	
7.26	How many sachets are left over altogether from the first and second box of <i>Pushtika</i> that you received?		____ (Record number.) 88 = Do not remember.

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8. Intentions for Introducing Foods

READ: Now I would like to ask you some questions about your plans to feed your baby. Please choose the answer that most clearly matches your opinion considering both your plans and the likelihood that you will carry out those plans.

8.1	How did you know when it is time to feed (INFANT NAME) foods in addition to breast milk?	01 = Infant restless when breastfeeding 02 = Infant distracted when breastfeeding 03 = Infant shows interest when others are eating solid foods, or drinking from cups 04 = Infant makes gestures indicating interest in being fed other foods 05 = Disappearance of tongue thrusting reflex/motion 06 = Infant not satisfied with only breast milk 07 = Other. Specify _____ 88 = Don't know	<table border="1"> <tr> <td></td> <td></td> </tr> </table>														
8.2 A	In the first few days after you began giving (INFANT NAME) other foods besides breast milk, how many times a day did you give (INFANT NAME) foods?	Times a Day 88=Don't know 99 = Not applicable	<table border="1"> <tr> <td></td> <td></td> </tr> </table>														
8.2 B	In the first month after you began giving (INFANT NAME) other foods besides breast milk, how many times a day did you give (INFANT NAME) foods?	Times a Day 88=Don't know 99 = Not applicable	<table border="1"> <tr> <td></td> <td></td> </tr> </table>														
8.2 C	In the first three months after you began giving (INFANT NAME) other foods besides breast milk, how many times a day did you give (INFANT NAME) foods?	Times a Day 88=Don't know 99 = Not applicable	<table border="1"> <tr> <td></td> <td></td> </tr> </table>														
8.3	In the next 6 months from today, how many times a day, do you plan to give (INFANT NAME) foods?	Times a Day 88=Don't know 99 = Not Applicable (Still EBF)	<table border="1"> <tr> <td></td> <td></td> </tr> </table>														
8.4	When you first began giving (INFANT NAME) other foods, what types of foods did you first give to (him/her) in the first week he/she eats foods? 01 = Yes 02 = No	<div>Luta</div> <div>Cereals (rice, smashed rice/gruel, bread, noodles, biscuits, or any other foods made from rice, wheat)</div> <div>Vitamin A Rich Vegetables/Tubers (pumpkin, carrots, or sweet potatoes that are orange inside + other locally available vit A-rich vegetables)</div> <div>White Tubers and Roots (White potatoes or foods made from tubers/roots)</div> <div>Dark Leafy Green Vegetables (dark green/leafy vegetables locally available vitamin-A rich leaves, e.g. amaranth leaves etc)</div> <div>Vitamin A Rich Fruits (ripe mangoes, papaya, jackfruit or other locally available vitamin A-rich fruits)</div> <div>Vitamin C Rich Fruits (orange, papaya)</div>	<table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>														

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		<p>Other Vegetables (e.g. tomatoes, eggplant)</p> <p>Other Fruits (e.g. guava, pineapple, watermelon, melon, orange, apple, grape, banana)</p> <p>Organ Meat (liver, kidney, heart, or others)</p> <p>Flesh Meats (beef, lamb, goat, chicken, duck, or other birds)</p> <p>Eggs</p> <p>Fish (fresh/dried fish or shellfish)</p> <p>Legumes, Nuts, and Seeds (beans, peas, lentils, nuts, seeds, or foods made from these)</p> <p>Milk (cow's, goat's), cheese, yogurt, or other milk products</p> <p>Oil, fats, or butter added to food or used for cooking</p> <p>Cookies, cake, biscuits, chips, sweets, samocha</p> <p>Nutritional supplements (<i>Pushtika</i> (Sprinkles/MNP))</p> <p>Other(s). Specify _____</p> <p>_____</p>	<table border="1"><tr><td></td><td></td></tr></table> <table border="1"><tr><td></td><td></td></tr></table> <table border="1"><tr><td></td><td></td></tr></table> <table border="1"><tr><td></td><td></td></tr></table> <table border="1"><tr><td></td><td></td></tr></table> <table border="1"><tr><td></td><td></td></tr></table> <table border="1"><tr><td></td><td></td></tr></table> <table border="1"><tr><td></td><td></td></tr></table> <table border="1"><tr><td></td><td></td></tr></table> <table border="1"><tr><td></td><td></td></tr></table>																				
8.5	<p><i>When (INFANT NAME) is 1 year old, what additional types of foods do you plan to introduce to his/her diet?</i></p> <p>01 = Yes 02 = No</p> <p>99=Not Applicable (Still EBF)</p>	<p>Luta</p> <p>Cereals (bread, noodles, biscuits, or any other foods made from rice, wheat)</p> <p>Vitamin A Rich Vegetables and Tubers (pumpkin, carrots, or sweet potatoes that are orange inside + other locally available vitamin A-rich vegetables)</p> <p>White Tubers and Roots (White potatoes or foods made from roots)</p> <p>Dark Leafy Green Vegetables (dark green/leafy vegetables locally available vitamin-A rich leaves such as amaranth leaves etc)</p> <p>Vitamin A Rich Fruits (ripe mangoes, papaya, jackfruit or other locally available vitamin A-rich fruits)</p> <p>Vitamin C Rich Fruits (orange, papaya)</p> <p>Other Vegetables (e.g. tomatoes, eggplant)</p>	<table border="1"><tr><td></td><td></td></tr></table> <table border="1"><tr><td></td><td></td></tr></table> <table border="1"><tr><td></td><td></td></tr></table> <table border="1"><tr><td></td><td></td></tr></table> <table border="1"><tr><td></td><td></td></tr></table> <table border="1"><tr><td></td><td></td></tr></table> <table border="1"><tr><td></td><td></td></tr></table> <table border="1"><tr><td></td><td></td></tr></table> <table border="1"><tr><td></td><td></td></tr></table>																				

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		<p>Other Fruits (e.g. guava, pineapple, watermelon, melon, orange, apple, grape, banana)</p> <p>Organ Meat (iron rich)</p> <p>Flesh Meats (beef, lamb, goat, chicken, duck, or other birds)</p> <p>Eggs</p> <p>Fish (fresh/dried fish or shellfish)</p> <p>Legumes, Nuts, and Seeds (beans, peas, lentils, nuts, seeds, or foods made from these)</p> <p>Milk (cow's, goat's), cheese, yogurt, or other milk products</p> <p>Oil, fats, or butter added to food or used for cooking</p> <p>Nutritional supplements (<i>Pushtika</i> (Sprinkles/MNP))</p> <p>Other(s). Specify _____</p> <p>_____</p>	<table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>																		
8.6	<p><i>When (INFANT NAME) is 1 year old, how do you plan to prepare the foods that he/she eats?</i></p> <p>Instructions: Please READ all choices, and record ALL responses.</p> <p>01 = Yes</p> <p>02 = No</p> <p>88 = Don't Know</p>	<p>Same food as for family</p> <p>Different food than family</p> <p>Watered down food</p> <p>Pureed</p> <p>Mashed</p> <p>Semi-solid</p> <p>Other (Specify)</p> <p>_____</p> <p>_____</p>	<table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>																		

8.7	<p>Instructions: In this section, ONLY ask either questions A or B. Based on respondent's answers in Section 8, decide whether the infant is:</p> <p>A) Currently still breastfed (if 7.1-A only has 01 (YES) for breast milk)</p> <p>B) Not breastfed (if 02 (NO) is marked for breast milk in 7.1-A)</p>	<p>A = 01</p>	<p>B = 02</p>	<table border="1"> <tr> <td></td> <td></td> </tr> </table>		

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	A – STILL BREASTFED	B – NOT BREASTFED				
8.8	At what age do you plan to STOP giving (INFANT NAME) breast milk? <i>Instructions: If needed, clarify: When he/she is how many months old?</i>	At what age did you STOP giving (INFANT NAME) breast milk? <i>Instructions: If needed, clarify: When he/she was how many months old?</i>	# of Months 00 if <01 Month 01 = When he/she loses interest 02 = Other. Specify _____ 88=Don't Know	<table border="1"> <tr> <td></td> <td></td> </tr> </table>		
8.9	When did you decide at what age you are going to STOP giving (INFANT NAME) breast milk?	When did you decide at what age you were going to STOP giving (INFANT NAME) breast milk?	01 = Before you became pregnant 02 = During pregnancy 03 = After the baby's birth 04 = During the first three months after birth 05 = Between 3 months and 9 months after birth 06 = Did not make any decision 88=Don't know 99= Not Applicable (Not BF)	<table border="1"> <tr> <td></td> <td></td> </tr> </table>		

Read: Now I would like to ask you a few questions about nutritional supplements, and any plans to feed (INFANT NAME) nutritional supplements.

8.10	Have you heard of Pushtika (Sprinkles/MNP) or multiple-micronutrient powders?	01 = Yes 02 = No >> Skip to 8.15 88 = Don't know >> Skip to 8.15	<table border="1"> <tr> <td></td> <td></td> </tr> </table>						
8.11	When (INFANT NAME) is 1 year old, do you plan to add any Pushtika (Sprinkles/MNP) to his/her foods?	01 = Yes 02 = No >> Skip to 8.15 03 = Already give Pushtika (Sprinkles/MNP) 88 = Don't know	<table border="1"> <tr> <td></td> <td></td> </tr> </table>						
8.12	How many times/week do you plan to give (INFANT NAME) Pushtika (Sprinkles/MNP) with his/her foods?	# of times/week	<table border="1"> <tr> <td></td> <td></td> </tr> </table>						
8.13	Why do you plan to give (INFANT NAME) Pushtika (Sprinkles/MNP)? Please record ALL responses. <i>Instructions: If 8.15 is answered, SKIP TO 8.17</i>	01 = Good for baby 02 = Easy to feed Pushtika (Sprinkles/MNP) 03 = Reasonable price 04 = Recommended by friends 05 = Recommended by doctor/health professional 06 = Others also use Pushtika (Sprinkles/MNP) 07 = To avoid anemia 08 = To provide iron 09 = Other(s). Please specify: _____ _____	<table border="1"> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table>						
8.14	Why do you NOT plan to give (INFANT NAME) Pushtika (Sprinkles/MNP)? Please record ALL responses.	01 = Difficult to find in stores 02 = Too expensive 03 = No need to 04 = Doctor never recommended 05 = My family does not think necessary 06 = I don't think it is necessary 07 = My friends do not think it is necessary 08 = Other(s). Please specify: _____	<table border="1"> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table>						

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READ: Now I would like to ask you a few more questions about how you plan to feed (INFANT NAME) when he/she has diarrhea. After each of the following questions, I will read out options. Please either agree (by saying YES) or disagree (by saying NO) with the statement.

8.15	<p>When (INFANT NAME) has diarrhea or becomes sick, how do you plan to feed him/her?</p> <p><i>INSTRUCTIONS: Please read ALL options, and record all responses.</i></p> <p><i>PROBE: To clarify between different choices (e.g. less or more than usual?)</i></p> <p>01 = Yes 02 = No 99 = Not Applicable (If no response)</p>	<p>Continue breastfeeding >> If No, Skip next two choices (BF less or more than usual)</p> <p>Breastfeed less than usual</p> <p>Breastfeed more than usual</p> <p>Give less foods than usual</p> <p>Give as much foods as usual</p> <p>Give more food than usual</p> <p>Give less liquids than usual</p> <p>Give as much liquids as usual</p> <p>Give more liquids than usual</p> <p>Give syrups</p> <p>Give traditional medicine</p> <p>Give treated water</p> <p>Give carrot juice or rice water</p> <p>Give Zinc</p> <p>ORS</p> <p>Other [Specify]-----</p>	<table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>																										
8.16	<p>After (INFANT NAME) recovers from diarrhea or sickness, how do you plan to feed him/her?</p> <p><i>INSTRUCTIONS: Please read ALL options, and record all responses.</i></p> <p><i>PROBE: To clarify between different choices (e.g. less or more than usual?)</i></p> <p>01 = Yes 02 = No 99 = Not Applicable (If no response)</p>	<p>Continue breastfeeding >> If No, Skip next two choices (BF less or more than usual)</p> <p>Breastfeed less than usual</p> <p>Breastfeed more than usual</p> <p>Give less foods than usual</p> <p>Give as much foods as usual</p> <p>Give more food than usual</p> <p>Give less liquids than usual</p> <p>Give as much liquids as usual</p> <p>Give more liquids than usual</p> <p>Give syrups</p> <p>Give traditional medicine</p> <p>Give treated water</p>	<table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>																										

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		Give carrot juice or rice water Give Zinc ORS Other [Specify]-----	<table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>							

Read: I would now like to ask you a few questions about HOW you plan to feed (INFANT NAME).

8.17	<p>Imagine that you are having trouble feeding (INFANT NAME). What are ways that you plan to try, in order to feed him/her?</p> <p>INSTRUCTIONS: Please record all that apply 01= Yes 99=Not applicable (if not responded)</p>	<p>Active encouragement Giving infant his/her own plate Force feeding Introducing new foods one at a time Talk to child while feeding Maintaining eye-to-eye contact Minimize distractions during meals Include a variety of foods slowly Include nutritional supplements Play (as encouragement) Try different foods Add sugar Dilute with water Contact, seek advice from CC, CHNW, CCNM Other. Specify _____</p>	<table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>																														

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9. Knowledge on Infant Feeding & Development at Age One

READ: Now I would like to ask you some general questions regarding feeding your baby foods. After each of the following statements, I will read out options. Please either agree (by saying YES) or disagree (by saying NO) with the statement.

Instructions: Read ALL the options.

9.1	Until what age is it recommended that a baby continues to drink breast milk?	Record # of months 00= Less than 01 month after baby's birth 88=Don't know 99= Not Applicable (if no response)	<table border="1"> <tr> <td></td> <td></td> </tr> </table>		
9.2	How long after birth is it recommended that a baby begin to eat foods, aside from breast milk?	00 = Less than 01 month after baby's birth 01 = At 1 month 07 = At 7 months 02 = At 2 months 08 = At 8 months 03 = At 3 months 09 = At 9 months 04 = At 4 months 10 = At 10 months 05 = At 5 months 11 = At 11 months 06 = At 6 months 12 = At 12 months 13 = >12 months (please specify) 88=Don't know 99= Not Applicable (if no response)	<table border="1"> <tr> <td></td> <td></td> </tr> </table>		

9.3	When feeding a meal to a child who is 1 year old, what are recommended types of foods to include in a single meal? INSTRUCTIONS: Please record all that apply 01 = Yes 02 = No 99 = Not Applicable (If no response)	Cereals (rice, wheat, jawar, millets, hotchpotch)			
		Legumes (lentils, pulses, beans etc)			
		Foods from animals (egg, meat, fish)			
		Milk and milk products			
		Oil or fat			
		Sugar			
		Vegetables			
		Fruits			
		Nutritional supplements (<i>Pushtika</i> (Sprinkles/MNP))			
		"Luta" (semolina, or "suji" in a watery suspension)			
		Other (Specify)	<hr/>		

Read: Now I would like to ask you about general knowledge on how often foods should be fed to infants when they first begin to eat foods besides breast milk.

9.4	In the first few days after an infant begins to eat other foods besides breast milk, how many times a day is it recommended for him/her to eat?	Times a Day 88=Don't know 99 = Not applicable	<table border="1"> <tr> <td></td> <td></td> </tr> </table>		
9.5	At 1 month, after an infant begins to eat other foods besides breast milk, how many times a day is it recommended for him/her	Times a Day 88=Don't know	<table border="1"> <tr> <td></td> <td></td> </tr> </table>		

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9.5	<i>to eat?</i>	99 = Not applicable	<table><tr><td></td><td></td></tr></table>		
9.6	<i>At 3 months, after an infant begins to eat other foods besides breast milk, how many times a day is it <u>recommended</u> for him/her to eat?</i>	Times a Day 88=Don't know 99 = Not applicable	<table><tr><td></td><td></td></tr></table>		

READ: Now I would like to ask you a few more general knowledge questions about feeding your baby foods, in addition to breast milk. For these statements, I will not be reading aloud options.

9.7	<p>When an infant is 1 year old, what are the <u>recommended</u> ways that his/her food be prepared?</p> <p>INSTRUCTIONS: Please record all that apply</p> <p>01 = Yes 99 = Not Applicable (If no response)</p>	<p>Same food as for family</p> <p>Different food than family</p> <p>Watered down food</p> <p>Pureed</p> <p>Mashed</p> <p>Semi-solid</p> <p>Other (Specify)</p> <p>-----</p> <p>-----</p>	<table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>																				
9.8	<p>Imagine there is a mother who is having trouble beginning to introduce foods to her infant. What are the recommended ways a mother can try to feed her infant foods, aside from breast milk?</p> <p>INSTRUCTIONS: Please record all that apply</p> <p>01= Yes 99=Not applicable (if not responded)</p>	<p>Active encouragement</p> <p>Giving infant his/her own plate</p> <p>Force feeding</p> <p>Introducing new foods one at a time</p> <p>Talk to child while feeding</p> <p>Maintaining eye-to-eye contact</p> <p>Minimize distractions during meals</p> <p>Include a variety of foods slowly</p> <p>Include nutritional supplements</p> <p>Play (as encouragement)</p> <p>Other. Specify _____</p>	<table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>																				
9.9	<p>How often is it <u>recommended</u> for an infant's hands to be washed when he/she is eating foods?</p> <p>INSTRUCTIONS: Please read all options.</p>	<p>01 = Never 02 = Occasionally 03 = Sometimes 04 = Often 05 = Always</p> <p>88 = Don't Know</p>	<table border="1"> <tr> <td></td> <td></td> </tr> </table>																				

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9.10	<p><i>How often is it <u>recommended</u> for a mother to wash her hands before preparing foods for her infant?</i></p> <p><i>INSTRUCTIONS; Please read all options.</i></p>	<p>01 = Never 02 = Occasionally 03 = Sometimes 04 = Often 05 = Always</p> <p>88 = Don't Know</p>	<table border="1"><tr><td></td><td></td></tr></table>		
9.11	<p><i>How often is it <u>recommended</u> for a mother to wash her hands before feeding her infant foods?</i></p> <p><i>INSTRUCTIONS; Please read all options.</i></p>	<p>01 = Never 02 = Occasionally 03 = Sometimes 04 = Often 05 = Always</p> <p>88 = Don't Know</p>	<table border="1"><tr><td></td><td></td></tr></table>		

READ: Now I would like to ask you a few more general knowledge questions about feeding your baby foods if he/she has diarrhea. After each of the following questions, I will read out options. Please either agree (by saying YES) or disagree (by saying NO) with the statement.

9.12	<p><i>What is <u>recommended</u> for a mother to do when her child has diarrhea?</i></p> <p><i>INSTRUCTIONS: Please read ALL options, and record all responses.</i></p> <p><i>PROBE: To clarify between different choices (e.g. less or more than usual?)</i></p> <p>01 = Yes 02 = No 99 = Not Applicable (If no response)</p>	<p>Continue breastfeeding >> If No, Skip next two choices (BF less or more than usual)</p> <p>Breastfeed less than usual</p> <p>Breastfeed more than usual</p> <p>Give less foods than usual</p> <p>Give as much foods as usual</p> <p>Give more food than usual</p> <p>Give less liquids than usual</p> <p>Give as much liquids as usual</p> <p>Give more liquids than usual</p> <p>Give syrups</p> <p>Give traditional medicine</p> <p>Give treated water</p> <p>Give carrot juice or rice water</p> <p>Give Zinc</p> <p>ORS</p> <p>Other [Specify]-----</p>	<table><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>																												
9.13	<p><i>What is <u>recommended</u> for a mother to do (in relation to feeding) AFTER her child has recovered from diarrhea or another illness?</i></p>	<p>Continue breastfeeding >> If No, Skip next two choices (BF less or more than usual)</p> <p>Breastfeed less than usual</p>	<table><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>																												

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9.13	<p>INSTRUCTIONS: Please read ALL options, and record all responses.</p> <p>PROBE: To clarify between different choices (e.g. less or more than usual?)</p> <p>01 = Yes 02 = No 99 = Not Applicable (If no response)</p>	<p>Breastfeed more than usual</p> <p>Give less foods than usual</p> <p>Give as much foods as usual</p> <p>Give more food than usual</p> <p>Give more liquids than usual</p> <p>Give nutritious food</p> <p>Drug/vitamin</p> <p>Other [Specify]-----</p>	<table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>																		

Read: Now I would like to ask you a few questions about how Pushtika (Sprinkles/MNP) should be consumed.

9.14	<p>How many sachets of Pushtika (Sprinkles/MNP) is it <u>recommended</u> for a child to consume every day?</p>	<p>01 = < 1/day 02 = 1/day 03 = between 1 and 2/day 04 = 2/day 05 = > 2/day</p> <p>77 = Other. Specify _____</p> <p>88 = Don't Know 99 = Not Applicable</p>	<table border="1"> <tr><td></td><td></td></tr> </table>		
9.15	<p>How is it recommended that a mother prepares Pushtika (Sprinkles/MNP) for his/her child to eat?</p>	<p>01 = Mixed with moderately warm food immediately before consumption 02 = Cooked with food 03 = Mixed with child's drink 04 = Mixed with child's semi-liquid food that was already cooked 05 = Mixed in hot food 06 = Mixed with water 07 = Did not receive Pushtika (Sprinkles/MNP)</p> <p>77 = Other. Specify _____</p> <p>88 = Don't Know 99 = Not Applicable</p>	<table border="1"> <tr><td></td><td></td></tr> </table>		

Read: Now I would like to ask you a few questions about where you find out information about how to feed (INFANT NAME).

9.16	<p>Who provides you information on breastfeeding?</p> <p>Instructions: Please record all responses. After respondent finishes talking, probe "Anyone else?" until all answers are recorded.</p> <p>01 = Yes 99 = Not Applicable (If no response)</p>	<p>Mother</p> <p>Mother in law</p> <p>Husband</p> <p>Elder sister</p> <p>Sister-in-law</p> <p>Health Assistant</p> <p>Family Welfare Assistant</p> <p>MTMSG facilitator</p> <p>Community Counselor</p> <p>Community health and nutrition workers</p>	<table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>																				

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		Community health and nutrition mobilizer	<input type="checkbox"/>	<input type="checkbox"/>
		Neighbor	<input type="checkbox"/>	<input type="checkbox"/>
		Friend		
		Other. Specify	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
		Don't Know		
9.17	Who provides you information on complementary feeding, or feeding any foods or liquids aside from breast milk? Instructions: Please record all responses. After respondent finishes talking, probe "Anyone else?" until all answers are recorded. 01 = Yes 99 = Not Applicable (If no response)	Mother Mother in law Husband Elder sister Sister-in-law Health Assistant Family Welfare Assistant MTMSG facilitator Community Counselor Community health and nutrition workers Community health and nutrition mobilizer Neighbor Friend Other. Specify Don't Know	<input type="checkbox"/>	<input type="checkbox"/>
9.18	Who provides you information on Pushtika (Sprinkles/MNP)? Instructions: Please record all responses. After respondent finishes talking, probe "Anyone else?" until all answers are recorded. 01 = Yes 99 = Not Applicable (If no response)	Mother Mother in law Husband Elder sister Sister-in-law Health Assistant Family Welfare Assistant MTMSG facilitator Community Counselor	<input type="checkbox"/>	<input type="checkbox"/>

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		Community health and nutrition workers Community health and nutrition mobilizer Neighbor Friend Other. Specify <hr/> <hr/> - Don't Know	<table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> <table border="1"> <tr><td></td><td></td></tr> </table> <table border="1"> <tr><td></td><td></td></tr> </table>										

9.19	Where do you gain knowledge about breastfeeding? <i>Instructions: Please record all responses. Instructions: Please record all responses. After respondent finishes talking, probe "Any other places?" until all answers are recorded.</i> 01 = Yes 99 = Not Applicable (If no response)	- Counseling Sessions/Visits - MTMSG - Group education - EPI/GMP - Satellite clinic - Community clinic - Other. Specify <hr/> <hr/> - Don't Know	<table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> <table border="1"> <tr><td></td><td></td></tr> </table> <table border="1"> <tr><td></td><td></td></tr> </table>																

9.20	Where do you gain knowledge about complementary feeding, or feeding any foods or liquids aside from breast milk? <i>Instructions: Please record all responses. After respondent finishes talking, probe "Any other places?" until all answers are recorded.</i> 01 = Yes 99 = Not Applicable (If no response)	- Counseling Sessions/Visits - MTMSG - Group education - EPI/GMP - Satellite clinic - Community clinic - Other. Specify <hr/> <hr/> - Don't Know	<table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> <table border="1"> <tr><td></td><td></td></tr> </table> <table border="1"> <tr><td></td><td></td></tr> </table>																

9.21	Where do you gain knowledge about <i>Pushtika</i> (Sprinkles/MNP)? <i>Instructions: Please record all responses. After respondent finishes talking, probe "Any other places?" until all answers are recorded.</i> 01 = Yes	- Counseling Sessions/Visits - MTMSG - Group education	<table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>								

Mother Study ID

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9.21	99 = Not Applicable (If no response)	<div>- EPI/GMP</div> <div>- Satellite clinic</div> <div>- Community clinic</div> <div>- Other. Specify</div> <div></div> <div></div> <div>- Don't Know</div>	<table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>																		

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10. Breastfeeding and Complementary Feeding Attitudes

READ: Now I would like to ask you about your perspectives regarding feeding infants foods in addition to breast milk. Please consider the following statements about feeding your baby, (INFANT NAME). After I read each statement, please tell me whether you strongly disagree, disagree, agree, strongly agree with, or are neutral about the statement.

		Strongly Agree 1	Agree 2	Neutral 3	Disagree 4	Strongly Disagree 5
10.1	<i>I feel that I know how to successfully feed (INFANT NAME) soft and solid foods.</i>	1	2	3	4	5
10.2	<i>I am able to provide enough breast milk for my baby right now.</i>	1	2	3	4	5
10.3	<i>I will be able to provide enough breast milk for my baby when he/she is 1 year old</i>	1	2	3	4	5
10.4	<i>I am always able to provide enough breast milk for my baby right now.</i>	1	2	3	4	5
10.5	<i>I will always able to provide enough breast milk for my baby when he/she is 1 year old.</i>	1	2	3	4	5
10.6	<i>I am confident that I provide enough nutrients (both breast milk and foods) to (INFANT NAME) so that he/she is healthy and well-nourished.</i>	1	2	3	4	5
10.7	<i>I am confident that my family is able to provide (INFANT NAME) with foods so that he/she is well-nourished.</i>	1	2	3	4	5
10.8	<i>I have enough time in my day to make sure that (INFANT NAME) is properly fed.</i>	1	2	3	4	5
10.9	<i>Feeding (INFANT NAME) takes too much time in my day.</i>	1	2	3	4	5
10.10	<i>Ensuring that (INFANT NAME) is provided enough nutrients through breast milk and foods makes it difficult for me to also work.</i>	1	2	3	4	5
10.11	<i>Ensuring that (INFANT NAME) is provided enough nutrients through breast milk and foods makes it difficult for me to also finish all other household responsibilities.</i>	1	2	3	4	5
10.12	<i>I know how to recognize if my infant is hungry and full when I am feeding him/her breast milk and foods.</i>	1	2	3	4	5
10.13	<i>I am able to minimize distractions while my infant eating foods.</i>	1	2	3	4	5
10.14	<i>I am confident I can experiment with different food types and textures to find foods my infant will eat.</i>	1	2	3	4	5
10.15	<i>I am able to overcome any trouble with feeding my infant food.</i>	1	2	3	4	5
10.16	<i>I am confident I can find ways to encourage my infant to eat on his/her own.</i>	1	2	3	4	5
10.17	<i>I am determined to continue to breastfeed my infant while he/she begins to eat foods.</i>	1	2	3	4	5
10.18	<i>I am able to prepare and feed my infant foods in a clean, safe, sanitary environment.</i>	1	2	3	4	5
10.19	<i>I am able to feed (INFANT NAME) Pushtika (Sprinkles/MNP) with his/her food.</i>	1	2	3	4	5
10.20	<i>It is important that (INFANT NAME) slowly begins to eat more solid foods when he/she is ready.</i>	1	2	3	4	5
10.21	<i>I am able to obtain (or get) nutritional supplements (such as Pushtika (Sprinkles/MNP)).</i>	1	2	3	4	5
10.22	<i>I have someone who I can talk to about any problems or challenges I have with feeding foods to my baby.</i>	1	2	3	4	5
10.23	<i>I have someone who is supportive of my feeding foods to my baby when he/she is 1 year old.</i> Instructions: If "Disagree" or "Strongly Disagree" marked >> Skip to 11.11	1	2	3	4	5

10.24	<i>Who is supportive of your feeding foods to your baby?</i> Instructions: Please mark ALL responses.	01 = Husband 02 = Mother 03 = Mother-in-law 04 = Sister	07=Nobody 77 = Other. Specify:	<table border="1"><tr><td></td><td></td></tr></table>		

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10.24	Who is supportive of your feeding foods to your baby? Instructions: Please mark ALL responses.	05 = Sister-in-law 06 = Friend 99 = Not Applicable (No longer breastfed)	<table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>								
10.25	How would you rate your overall experience with feeding (INFANT NAME) breast milk and foods, on a scale from 1 to 5. 1 being 'very bad, will never again simultaneously breastfeed and feed foods to future children', and 5 being 'very good, will continue to simultaneously breastfeed and feed foods to future children.'	Very Bad Bad So-So Good Very Good 1 2 3 4 5									

READ: Now I would like to ask you about who makes decisions about breastfeeding (INFANT NAME).

10.26	Who makes (or made) decisions about up to what age (INFANT NAME) will be (or was) breastfed? Instructions: Please mark ALL responses.	01 = Mother (interviewee) 02 = Father 03 = Mother's mother 04 = Mother-in-law 05 = Sister 06 = Sister-in-law 99=Not applicable 77 = Other. Specify _____	<table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>								

READ: Now for each of the following individuals, please indicate what they believe is the best way to feed your child at 1 year (12 months) of age.

Please choose from the following five options:

When my baby is 1 year old, he/she should:

- 1) Receive only breast milk
- 2) Receive foods without Pushtika (Sprinkles/MNP) once a day in addition to breast milk
- 3) Receive food with Pushtika (Sprinkles/MNP) once a day in addition to breast milk
- 4) Receive only foods without Pushtika (Sprinkles/MNP) once a day
- 5) Receive only food with Pushtika (Sprinkles/MNP) once a day

Please let me know if you would like me to repeat the five options at any point.

INSTRUCTIONS:

If respondent does not know what the person thinks → mark "8" as response

If father/mother/mother-in-law died or received no advice from doctor → mark "9" as the response

10.27	My husband thinks I should	1	2	3	4	5	8	9
10.28	My mother thinks I should	1	2	3	4	5	8	9
10.29	My mother-in-law thinks I should	1	2	3	4	5	8	9
10.30	My sister thinks I should	1	2	3	4	5	8	9
10.31	My doctor thinks I should	1	2	3	4	5	8	9

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READ: Now I would like to ask you about you and people in your family or community.

How much do you agree with the following statements? Please tell me whether you agree, disagree, or are unsure.

Since you delivered your new baby...

Since you delivered your new baby...

10.32	<i>... I have someone to help me if I am sick or need to rest</i>	01 = Agree 02 = Disagree 03 = Unsure	99=Not applicable 77 = Other. Specify_____	<table><tr><td></td><td></td></tr></table>		
10.33	<i>... I have someone to take me to the clinic or doctor's office</i>	01 = Agree 02 = Disagree 03 = Unsure	99=Not applicable 77 = Other. Specify_____	<table><tr><td></td><td></td></tr></table>		
10.34	<i>... I have someone to talk with about my problems</i>	01 = Agree 02 = Disagree 03 = Unsure	99=Not applicable 77 = Other. Specify_____	<table><tr><td></td><td></td></tr></table>		
10.35	<i>... I have someone to help me if I am tired and feeling frustrated with my new baby</i>	01 = Agree 02 = Disagree 03 = Unsure	99=Not applicable 77 = Other. Specify_____	<table><tr><td></td><td></td></tr></table>		

READ: Now I would like to ask you 2 additional questions, which are still about you and people in your family or community. Again, I will first read a statement. Please tell me whether you agree, disagree, strongly agree, strongly disagree, or are unsure. 7

10.36	<i>In general, I can trust the majority of people in my community.</i>	01 = Strongly Agree 02 = Agree 03 = Unsure 04 = Disagree 05 = Strongly Disagree	99=Not applicable 77 = Other. Specify_____	<table><tr><td></td><td></td></tr></table>		
10.37	<i>I feel as though I am a part of this community.</i>	01 = Strongly Agree 02 = Agree 03 = Unsure 04 = Disagree 05 = Strongly Disagree	99=Not applicable 77 = Other. Specify_____	<table><tr><td></td><td></td></tr></table>		

⁶Adapted from Pregnancy Risk Assessment Monitoring System and Lippman et al. (2009) Social-Environmental Factors and Protective Sexual Behavior among Sex Workers: The *Encontros* Intervention in Brazil. *Amer J Public Health*, 99(11), 1-11.

⁷ Adapted from Lippman et al. (2009) Social-Environmental Factors and Protective Sexual Behavior among Sex Workers: The *Encontros* Intervention in Brazil. *Amer J Public Health*, 99(11), 1-11 and SASCAT tool: De Silva and Harpham (2007). Maternal social capital and child nutritional status in developing countries. *Health & Place*, 13, 341-355.

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11. Maternal Depression Screener⁸

Read: Now I would like to ask you a few questions about you have been feeling since giving birth to (INFANT NAME). Specifically, I would like for you to now recall how you have been feeling IN THE PAST 2 WEEKS, not just how you feel today.

Instructions: Please read aloud the 4 answer choices before the respondent answers.

READ: Over the last 2 weeks, how often have you been bothered by any of the following problems:

11.1 <i>Feeling down, depressed, or hopeless</i>	01 = Not at all 02 = Several days 03 = More than half of the days 04 = Nearly every day 05 = Other. Specify _____ 88 = Don't Know	<table border="1"> <tr> <td></td> <td></td> </tr> </table>		
11.2 <i>Little interest or pleasure in doing things</i>	01 = Not at all 02 = Several days 03 = More than half of the days 04 = Nearly every day 05 = Other. Specify _____ 88 = Don't Know	<table border="1"> <tr> <td></td> <td></td> </tr> </table>		

⁸ Patient Health Questionnaire-2 (PHQ-2)

Gjerdingen D, Crow S, McGovern P, Miner M, Center B. Postpartum depression screening at well-child visits: validity of a 2-question screen and the PHQ-9. *Ann Fam Med*. 2009;7(1):63-70.

Kroenke K, Spitzer RL, Williams JB. The Patient Health Questionnaire-2: validity of a two-item depression screener. *Med Care*. 2003;41(11):1284-92.

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12. Women's Empowerment

Read: Now I would like to ask you a few questions about your household and your role in your household.

12.1	<i>During the last 6 months, who has been the decision maker on</i>								
01 = Respondent (wife) 02 = Husband 03 = Mother-in-law 04 = Other wife of respondent's husband 05 = Other. Specify _____ 88 = Don't know <i>Please record ALL responses.</i>	12.1 A	<i>...how household income is spent?</i>	<table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>						
	12.1 B	<i>... your own health care?</i>	<table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>						
12.1 C	<i>... major household purchase (such as a cow, radio, TV, etc.)?</i>	<table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
12.1 D	<i>... purchasing of daily household needs (such as rice, oil, fuel)?</i>	<table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
12.1 E	<i>... children's health care?</i>	<table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
12.1 F	<i>... child's food and drinks?</i>	<table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
12.1 G	<i>... child's feeding problems?</i>	<table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
12.1 H	<i>... whether you attend support groups?</i>	<table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							

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12.2	Are you engaged with any savings program from your own income/ family income?	01 = Yes 02 = No 88 = Don't know	<table><tr><td></td><td></td></tr></table>		
12.3	Can/do you go to a hospital or health center or Immunization center alone or accompanied by your children for a health problem?	01= Goes or can go alone to health center (Union sub-center, Community clinic, NGO clinic) 02= Goes or can go alone to hospital (Upazilla Health Complex) 03= Goes or can go alone to immunization center 04= Goes or can go with children to health center(Union sub-center, Community clinic, NGO clinic) 05= Goes or can go with children to hospital(Upazilla Health Complex) 06= Goes or can go with children to immunization center 07=Cannot go to health center or hospital or immunization center alone or with children 88 = Don't know	<table><tr><td></td><td></td></tr></table>		

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13. Maternal Program Participation & Handwashing

Read: Now I would like to ask you a few questions about a few other activities in your life.

13.1	Have you ever received counseling for breastfeeding and/or complementary feeding related issues?	01 = Yes 02 = No >> Skip to 11.3 88 = Don't know >> Skip to 11.3	<table border="1"><tr><td></td><td></td></tr></table>		
13.2	How many times in the last 6 months?	# of counseling sessions/visits 88 = Don't know	<table border="1"><tr><td></td><td></td></tr></table>		
13.3	Have you participated in a mother-to-mother support group where you discussed breastfeeding and/or complementary feeding related issues?	01 = Yes 02 = No >> Skip to 11.5 88 = Don't know >> Skip to 11.5	<table border="1"><tr><td></td><td></td></tr></table>		
13.4	How many times in the last 6 months?	# of support groups attended 88 = Don't know	<table border="1"><tr><td></td><td></td></tr></table>		
13.5	Has your husband or the male head of household attended men's groups where they discussed breastfeeding and/or complementary feeding?	01 = Yes 02 = No >> Skip to 11.5 88 = Don't know >> Skip to 11.5	<table border="1"><tr><td></td><td></td></tr></table>		
13.6	How many times in the last 6 months?	# of times attended 88 = Don't know	<table border="1"><tr><td></td><td></td></tr></table>		
13.7	Have you attended EPI and growth monitoring sessions?	01 = Yes 02 = No >> Skip to 11.9 88 = Don't know >> Skip to 11.9	<table border="1"><tr><td></td><td></td></tr></table>		
13.8	How many times in the last 6 months?	# of sessions attended 88 = Don't know	<table border="1"><tr><td></td><td></td></tr></table>		

Read: Now I would like to ask you a few questions about handwashing.

13.9 In general, do you wash your hands with soap ...													
01 = Yes 02 = No 03 = Other. Specify _____	13.9 A	... Before preparing foods?	<table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>										
13.9 B	... Before eating foods?												
13.9 C	... Before feeding (INFANT NAME)?												
13.9 D	... After helping (INFANT NAME) go to the bathroom?												
13.9 E	... After using the toilet?												
13.10 In general, does someone help (INFANT NAME) wash his/her hands with soap ...													
01 = Yes 02 = No 03 = Other. Specify _____	13.10 A	... Before eating foods?	<table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>										
13.10 B	... After he/she goes to the bathroom?												

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14. Anthropometrics

Read: Now I would like to take your height and weight measurements. Also, a finger prick blood sample (which requires only a small drop of blood) will be taken. This is a standard, regular way to quickly and safely check the amount of iron that is in your blood. Iron is an essential micronutrient, which is needed for important body functions for both young children and adults.

MEASUREMENTS FOR MOTHER						
14.1	HEIGHT IN CENTIMETERS	CM <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>				
14.2	WEIGHT IN KILOGRAMS	KG <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>				
14.3	HEMOGLOBIN IN FINGERPRICK BLOOD SAMPLE	gm/dL <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>				
14.4	STATUS OF HEIGHT, WEIGHT, AND HEMOGLOBIN MEASUREMENTS Measured 1 Not Present..... 2 Refused all..... 3 Refused Hb test, weight OR height 4 Other 7	<table border="1"><tr><td></td></tr></table>				

Read: Now I would now like to also take the length, weight, head circumference, and iron measurements of (INFANT NAME). Again, a finger prick blood sample (which requires only a small drop of blood) will be taken, in order to check the amount of iron that is in your baby.

ANTHROPOMETRIC MEASURES AND IRON STATUS FOR CHILD (9 MONTHS)						
14.5	RECORD NAME OF INFANT FROM 1.9	NAME _____				
14.6	RECORD SEX OF INFANT FROM 1.10	01 = Male <table border="1"><tr><td></td><td></td></tr></table> 02 = Female <table border="1"><tr><td></td><td></td></tr></table>				
14.7	WEIGHT IN KILOGRAMS	KG <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>				
14.8	LENGTH IN CENTIMETERS Instructions: Measurement should be taken when infant is lying down as flat as possible on his/her back.	CM <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>				
14.9	HEAD CIRCUMFERENCE IN CENTIMETERS	CM <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>				
14.10	HEMOGLOBIN IN FINGERPRICK BLOOD SAMPLE	gm/dL <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>				
14.11	STATUS OF HEIGHT, WEIGHT, HEAD CIRCUMFERENCE, AND HEMOGLOBIN MEASUREMENTS Measured 1 Not Present..... 2 Refused all..... 3 Refused some test(s) 4 Other 7	<table border="1"><tr><td></td></tr></table>				

Mother Study ID

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Was anyone other than the respondent present at the time of interview?

01=Yes
02=No

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If 'Yes' record '01' Yes for each individual present.

Husband	<table border="1"><tr><td></td><td></td></tr></table>		
Father-in-law	<table border="1"><tr><td></td><td></td></tr></table>		
Uncle	<table border="1"><tr><td></td><td></td></tr></table>		
Elder son / son	<table border="1"><tr><td></td><td></td></tr></table>		
Mother (of Mother/Interviewee)	<table border="1"><tr><td></td><td></td></tr></table>		

Mother-in-law	<table border="1"><tr><td></td><td></td></tr></table>		
Elder sister-in-law/Sister-in-law	<table border="1"><tr><td></td><td></td></tr></table>		
Aunt	<table border="1"><tr><td></td><td></td></tr></table>		
Daughter	<table border="1"><tr><td></td><td></td></tr></table>		
Father (of Mother/Interviewee)	<table border="1"><tr><td></td><td></td></tr></table>		

Other household member(s)

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Please specify:

Name:	Relation:
<hr/>	<hr/>
Name:	Relation:
<hr/>	<hr/>

Neighbor(s)

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Please specify:

Name:	Relation:
<hr/>	<hr/>
Name:	Relation:
<hr/>	<hr/>
Name:	Relation:
<hr/>	<hr/>

Notes

Name of Interviewer

Code

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Name of Quality Controller

Code

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